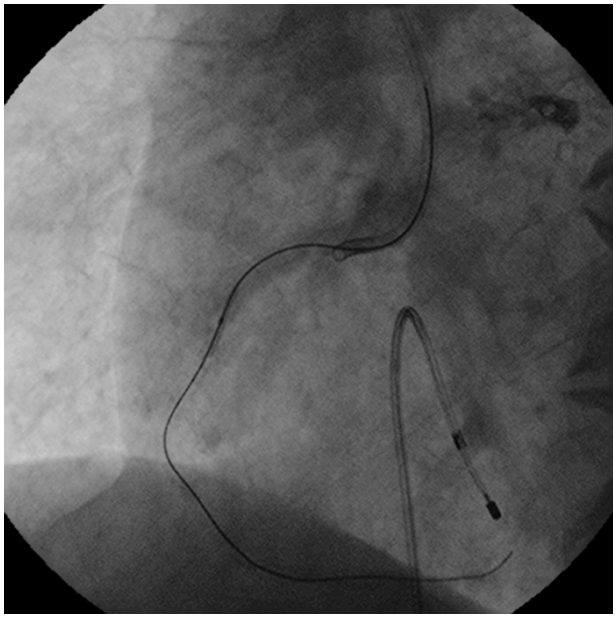

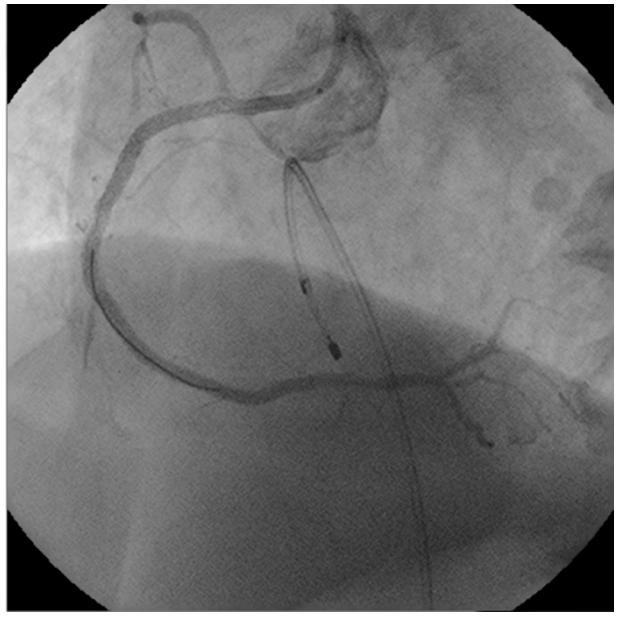

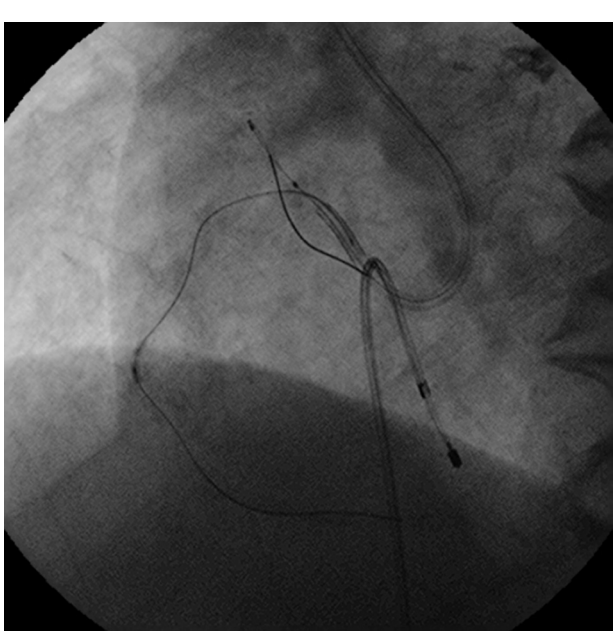

Case Summary. The Ikazuchi-10 Hyp PTCA balloon system is compatible with a 0.010 inch guidewire and consists of a regular rapid-exchange balloon catheter component. Every part of this balloon is smaller than conventional 0.014 inch compatible balloons. When 0.014 system balloons cannot pass the severe stenotic lesion, Ikazuchi-10 PTCA balloon will be helpful for small tip diameter.

TCTAP C-125

Severe Tortuous RCA PCI Successfully Treated by Using Guideliner Catheter

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[1]Tokyo Women's Medical University, Japan

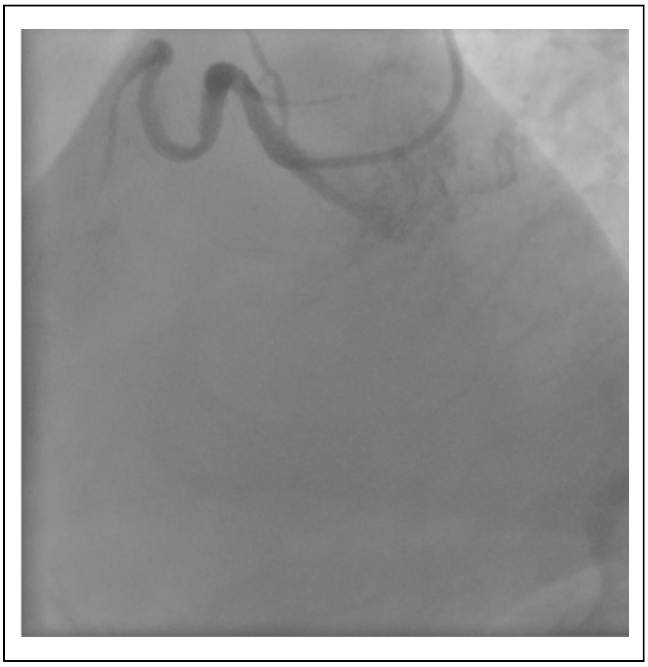
[CLINICAL INFORMATION]

Patient initials or identifier number. KS

Relevant clinical history and physical exam. The patient was 68 years old man. He was aware of chest discomfort on effort, and the symptom gradually got worse. Therefore he referred to our hospital. His coronary risk factors were hypertension, dyslipidemia and past smoking. His physical examination was normal.

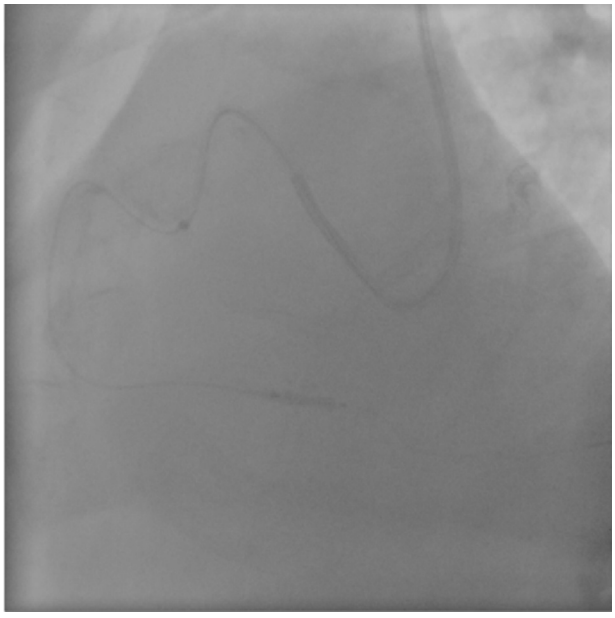
Relevant test results prior to catheterization. His baseline ECG and cardiac markers were unremarkable.

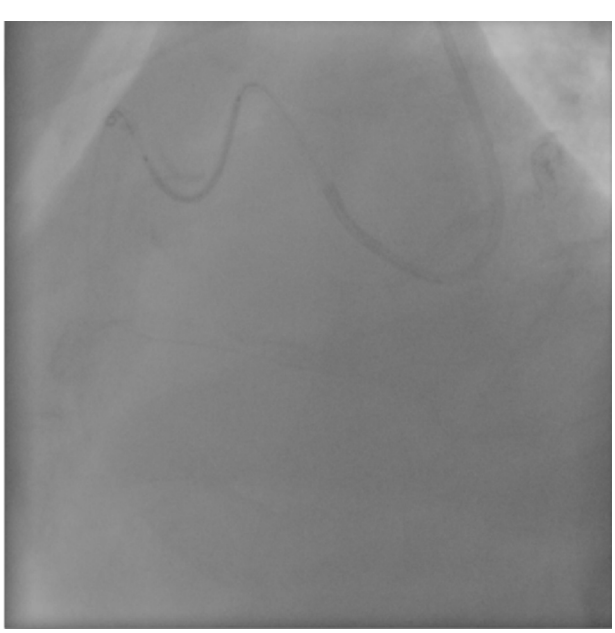
Relevant catheterization findings. The left coronary angiography showed subtotal occlusion of proximal LAD and 75% stenosis of mid LAD. The right coronary angiography showed severe tortuosity and 75% stenosis of mid RCA. At first, we performed PCI to LAD and deployed 2 drug eluting stents (Promus Premier 3.0x24mm, 2.5x28mm) at LAD. This time we tried to perform RCA PCI.



[INTERVENTIONAL MANAGEMENT]

Procedural step. We performed PCI to RCA via right radial approach and 6 Fr short sheath was inserted. Before the procedure, we expected this PCI would require powerful backup force because of severe tortuosity and calcification. We selected Profit RU 3.75®(GOODMAN) a special back up catheter for RCA. The catheter can make a powerful back up by contacting with contralateral aortic wall with an aspect. But the back up force was insufficient. Sion®(Asahi) a0.014 inch wire could not cross the lesion without the help of Finecross® a micro catheter. After that, we used a Guideliner® a rapid exchange type child catheter. It is easier to use than conventional child catheter. We thought that we could "short cut" the severest tortuosity part, proximal RCA, by using the catheter. At first we delivered Traveler® 2.5x15mm to posterolateral branch and dilated the lesion. And then we progressed Guideliner to mid RCA with the help of anchoring technique which stabilized the guiding catheter by the 2.5mm balloon. After that we could get enough back up force to deliver the stent to the distal RCA. We could deliver Promus Premier® 2.25x32mm at posterolateral branch. Then we deployed 2 stents separately at mid RCA, Promus Premier 3.0x16mm, 3.0x12mm. After that, the angiogram revealed dissection and hematoma at proximal RCA. We thought that it was because of the Guideliner catheter injury. We added Promus Premier 3.5x16mm at the injured site. The final angiogram showed successful result.





Case Summary. We experienced a severe tortuous and calcified RCA PCI case. Guideliner a rapid exchange type child catheter was very useful and simplified the procedure but we should take care to the possibility of the injury.

TCTAP C-126

Stent Implantation with Successful Cokatte Passage by Balloon Sealed Calcified Lesion

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[CLINICAL INFORMATION]

Patient initials or identifier number. 0070026450

Relevant clinical history and physical exam. Case; 60' Male
Clinical Diagnosis; NSTEMI
Present Illness:
He presented with severe chest oppression and referred to other hospital
ECG revealed ST depression and Trop level slightly elevated, then transferred to my hospital.
Past History:
PCI to RCA due to AMI in 2009
HD from 2005

Relevant catheterization findings. RCA: Shepehred's crook type,severe calcified #2,3 severe stenosis
LCX; #11 severe stenosis
LAD; patent